

**OFFICIAL TRANSCRIPT REQUEST FORM**

Phillips Theological Seminary

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other name(s) you have had: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID# or SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Approximate Dates of Attendance: \_\_\_\_\_

Release Transcript Immediately: \_\_\_\_\_ Hold for Grades/Grade Change: \_\_\_\_\_

Number of Transcripts: \_\_\_\_\_ @ \$5.00 each TOTAL: \_\_\_\_\_

**SIGNATURE FOR RELEASE (REQUIRED):** \_\_\_\_\_

**METHOD OF PAYMENT**

Check enclosed: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Visa, MasterCard, Discover (only)

Name as it appears on credit card: \_\_\_\_\_

Billing Address for credit card: \_\_\_\_\_

Billing Address City/State/Zip: \_\_\_\_\_

**SIGNATURE OF CARD HOLDER (if different from above):** \_\_\_\_\_

MAILING ADDRESS FOR TRANSCRIPT(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Phillips Theological Seminary will not issue transcript(s) if you have unpaid balances.***